

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 580619

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	1	/		
2						
3	5		5			
4	8		8			
5	0		1			
6	0		1			
7	0		1			
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TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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